



## **SPONSOR INFORMATION**

## Please complete the following (please print clearly):

□ Individual □ Company/Organization □ Group		
LAST	FIRST	M.
Address:		
Address:STREET	CITY	ZIP CODE
Contact Person (Group/Organization only): _		
	LAST	FIF
Telephone Number: ( )	Fax Number: ( )	
E-Mail:		
How did you hear about the Program?		
Would like to sponsor a family that resides in	n: (indicate desired aeographic lo	cation)
<ul> <li>□ San Gabriel Valley</li> <li>□ Central LA-Hollywood</li> <li>□ Pomor</li> <li>□ Lancaster-Canyon Country</li> <li>□ Southeast County (i.e. South Gate, Nor</li> <li>□ NO preference, would like to donate w</li> </ul>	Los Angeles 💢 500th Bay-Long walk, Commerce) 🗆 Pasadena, Glei	, Beach
2. Would like to Sponsor: (Mark all that apply)		
☐ Low Income Family ☐ Elderly Couple/	Individual Living Alone 🛮 Disabled	□ No Preferen
3. Would like to sponsor: Specify total numbe	r of families to be sponsored	
Please indicate <u>HOUSEHOLD SIZE</u> (includi	ng parents and/or guardians):	
□ 2 members □ 3-4 members □ 5-6 n	nembers 🗆 7-8 members 🗆 9+ fan	nily members
4. Would like selected family to receive the gi	fts as follows: (check one)	
<ul><li>Sponsor will deliver in person</li><li>Gifts to be picked up by the family at 2</li><li>Other</li></ul>	615 South Grand Ave., Los Angeles,	CA 90007.
For Group Sponsorship, list names of all partici	pating Sponsors:	
Please return form no later than December 1,	2016	
Los Angeles. County DPSS	Toy Loon and Valunta	or Conjigas Brasis
FOR VOLUNTEER SERVICES USE ONLY	Toy Loan and Volunte 2615 South Grand Ave	
	Los Angeles, CA 9000	
DATE RECEIVED:	<b>Tel</b> (213) 744-4348 <b>Fax</b> (213) 743-9998	
DATE MATCHED:	E-mail dpssvolunteers	@dnas la saunt, au